



# APPLICATION FOR WAIVER OF COSMETOLOGY PROFESSIONAL CONTINUING EDUCATION

State Form 51331 (4-03)

STATE OF INDIANA  
STATE BOARD OF COSMETOLOGY EXAMINERS  
INDIANA PROFESSIONAL LICENSING AGENCY  
302 West Washington Street, Room E034  
Indianapolis, IN 46204  
317-232-2980  
www.in.gov/pla

Per IC 25-8-15-9, a waiver or modification of the continuing education requirements may be requested if one of the following conditions exist. Requesting waiver on the basis of (*check one*):

- ☐ An emergency existed during the period for which the continuing education was required.
- ☐ Has had an incapacitating illness verified by the applicant and a licensed physician.
- ☐ Is licensed in another state that requires at least sixteen (16) hours of continuing education, and the cosmetology professional submits written verification to the board of compliance with the requirements of the other state.
- ☐ Was prevented from completing the continuing education requirement because of active military duty during the period for which the continuing education was required.

## PLEASE PROVIDE EVIDENCE WHICH WILL SUPPORT YOUR REQUEST FOR A WAIVER

Name of applicant	License number
Address ( <i>number and street, city, state, ZIP code</i> )	
C / S / Z	
Signature of applicant	Date ( <i>month, day, year</i> )

Reason for request:

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Tabled
<input type="checkbox"/> Denied	
Comments:	
Signature	Date ( <i>month, day, year</i> )